

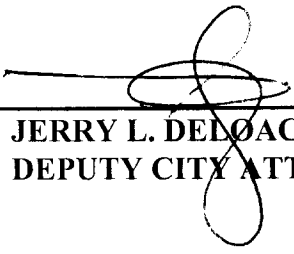
Entered 2-13-02 - sb
CL 02L0132 - GWENDOLYN BURNS

04-R-0685

CLAIM OF: MELVIN JONES
2077 Patterson Park Place
Lawrenceville, Georgia 30044

For vehicular damage allegedly sustained from driving over a construction site that was left open and in an unsafe condition on January 26, 2002 at 1401 Peachtree Street, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

DATE: 4/27/04
CHAIR: Mark S. Smith

ADVERSED

MAY 03 2004

Mark S. Smith
Mark S. Smith
Mark S. Smith
Mark S. Smith



**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK**

May 10, 2004

**55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30303
(404) 330-6033
FAX (404) 658-6273**

Melvin Jones
2077 Patterson Park Place
Lawrenceville, GA 30044

04-R-0685

Dear Mr. Jones:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 02L0132

Date: April 13, 2004

Claimant /Victim MELVIN JONES
BY: (Atty) (Ins. Co.) _____
Address: 2077 Patterson Park Place, Lawrenceville, Georgia 30044
Subrogation: _____ Claim for Property damage \$ 323.14 Bodily Injury \$ _____
Date of Notice: 2/6/02 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 1/26/02 Place: _____ 1401 Peachtree Street, NE
Department _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained vehicular damages when he drove over a construction site in the roadway that was left in an unsafe condition. However, there are no records to show that the City was involved in any construction at the subject location. More importantly, the claimant has failed to pursue his claim.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

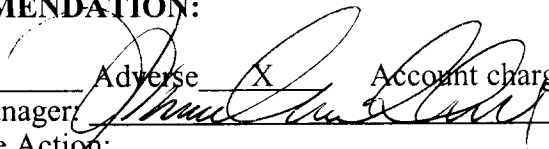
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2PO1 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 04/14/04
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1-31-02

ENTERED - 2-13-02 - SB
02L0132 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 323.14 and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 1-26-02 2. Time of Incident: 11:50 pm 3. Police called: ☒ Yes

4. Location of incident (including street address): 1401 Peachtree st

5. Name of your insurance company: SC Farm Bureau Policy No. AU 0231277

6. State what and how incident occurred: I WAS riding downtown behind another vehicle, when I hit a pothole in the road. The tire became flat instantly, I pulled over and fixed the flat and called the police.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chevrolet Impala 2000 637 HKC Melvin Jones
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____ (Make) (City Driver's Name) (Department/Bureau)

9. Witness: Monte' Stokes 3379 Flat Shoals Rd Decatur, GA AP#C-8 30034 (404) 243-7075
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Melvin Jones
Signature of Claimant

Melvin Jones
(Print Claimant's Name)

2077 Patterson Park Pl
(Address)

Lawrenceville, GA 30044
(City, State and Zip Code)

(770) 338-1081
(Work Number) (Home Number)

04-R-0685